

WOODFORD COUNTY CLERK AND RECORDER

Dawn L Kupfer

115 N. Main St., Room 202

Eureka, Illinois 61530-1273

Phone: 309-467-2822 Fax: 309-467-7391

General Primary Election - - 03/17/2020

Signature Requirements for filing of nomination/elected papers:

	<u>Republican</u>	<u>Democrat</u>	<u>Independent</u> (Min-Max)	<u>New Party</u>
County Offices	68	25	820-1313	820
County Board				
District 1	19	5	342-547	342
District 2	15	10	545-872	545
District 3	16	6	447-716	447
Precinct Committeemen	10	10		

Important Dates:

First Day to circulate for ESTABLISHED PARTY - September 3, 2019

Office Hours: Monday thru Friday, 8:00 A.M. to 5:00 P.M.

Filing Dates for ESTABLISHED PARTY: November 25,26,27 & December 2, 2020

Filing Dates for INDEPENDENT: June 15,16,17,18,19 & 22, 2020

Filing Dates for NEW PARTY: June 15,16,17,18,19 & 2020

Additional information can be obtained at the State Board of Elections website: www.elections.il.gov

The Candidate’s name should appear in the same form on the Petition Sheets, the Statement of Candidacy and (optional) Loyalty Oath. The Clerk’s Office will certify every candidate’s name as it appears on page 1 of the Petition Sheets.

If a filer is in line as of 8:00 a.m. on the first day of filing, but the petition is **not** ready to be filed as of the time of processing the last filer in line as 8:00 a.m., then the petition will be deemed filed at the actual time of its filing (not as of 8:00 a.m.) and the candidate will not be eligible for the ballot position lottery.

The County Clerk and Recorder’s Office will **not** be able to notarize any nominating papers (cannot notarize any Statement of Candidacy, Loyalty Oath, or Petition Sheets).

You are strongly advised to obtain legal advice on the following subjects: (1) your legal qualifications for office; (2) the proper method for completing the petition forms with respect to the office; (3) the minimum number of signatures required; and (4) the qualifications of petition signers and circulators, etc.

The County Clerk’s Office does not provide legal advice to candidates.

GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ of _____ in the County of _____, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the _____ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS
A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term		

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)
FORMERLY KNOWN AS _____ UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (List date of each name change)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	

State of _____)
County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service)(Zip Code) _____, County of _____, State of _____ that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidates is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (Insert month, day, year)

(SEAL)

(Notary Public's Signature)

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
		A Full Term is sought, unless an unexpired term is stated here: ___ year unexpired term		

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS _____ UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (List date of each name change)

STATE OF ILLINOIS)
)
County of _____) SS.

I, _____ (Name of Candidate) being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, in the County of _____, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the _____ Party; that I am a candidate for Nomination/Election to the office of _____ in the _____ District, to be voted upon at the primary election to be held on _____ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official _____ (Name of Party) Primary ballot for Nomination/Election for such office.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Candidate) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

ATTACH TO PETITION

10 ILCS 5/7-10.1

Suggested
Revised July, 2004
SBE No. P-1C

LOYALTY OATH
(OPTIONAL)

United States of America)
State of Illinois) SS.

I, _____, do swear (or affirm) that I am a citizen of the United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or government which advocates the overthrow of constitutional government by force or other means not permitted under the Constitution of the United States or the Constitution of this State; that I do not directly or indirectly teach or advocate the overthrow of the government of the United States or of this State or any unlawful change in the form of the governments thereof by force or any unlawful means.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me,
(Name of Candidate)

on _____
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

Your Name Was Submitted For Filing by an Entity That You Represent
STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK
 (Type or Hand Print)

Name _____

Each office or position of employment for which this statement is filed. _____

Full post office address to which notification of an examination of this statement should be sent. _____

General Directions

The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If additional space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity	Instrument of Ownership	Position of Management
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

Name	Address	Type of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

This will be returned to you **(COMPLETE BUT DO NOT DETACH)** when statement is filed in the office of the County Clerk.

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed as of this date.

(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Name _____

Address _____

City _____ State _____ ZIP Code _____

4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity. No time or demand deposit in a financial institution nor any debt instrument need be listed.

7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

VERIFICATION

"I declare that this statement of economic interests (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

(signature of person making the statement)

(date)

Printed by authority of the State of Illinois. June 2006 — 1 — 107.7

DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)